

www.mass.gov/abcc

| LICENSE NUMBER: 053800005 | i | CITY OR TOWN HOLLIST | ON |
|---|-----------------------------------|----------------------------------|------------------|
| APPLICATION FOR RENEWA | L: Annual | LICENSED FOR 2 | 013 |
| | CLASS | | YEAR |
| LICENSEE NAME: BERTUCC | CI'S RESTAURANT CORP | | |
| DOING BUSINESS A BERTUC | CI'S BRICK OVEN RISTOR | RANTE | |
| ADDRESS 414 WASHINGTON | ST. | | |
| CITY/TOWN: HOLLISTON | STATE: MA | ZIP CODE: 01746 | |
| MANAGER: LANDRY, SUZETTE | TYPE OF LICENSE: Res | category: | All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VI | SIT OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| DESCRIPTION OF LICENSED | | | |
| TWO FRONT ENTRANCES, TV TWO RESTROOMS. CELLAR I | | | MS AND |
| I hereby certify and swear under p | penalties of perjury that: | | |
| 1. the renewed license w | ill be of the same type for the | same premises now licensed; | |
| 2. the licensee has compl | ied with all laws of the Comr | nonwealth relating to taxes; and | |
| 3. the premises are now of | open for business (If not expla | nin below) | |
| | | | |
| SIGNED BY | | | |
| Individual | , Partner or Authorized Corpo | orate Officer | |
| | | | |
| | | | |
| DATE: TEL | EPHONE NUMBER: | EMPLOYER IDENTIFICA | |
| | | (Note: NOT Individual Social S | Security Number) |
| We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010. | ding inspector and the head | of the fire department for the | e above |
| Please Check Below: | | LOCAL LICENSING AUTH | ORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMB | BER: 053800007 | | CITY OR TO | OWN HOLLIST | ON |
|---------------------|----------------------|---|------------------|----------------------|------------------|
| APPLICATION F | FOR RENEWAL: | Annual | L | ICENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAM | E: LEONARD D. | .CHESMORE POST#8: | 507 V.F.W.OF | U.S.INC | |
| DOING BUSINES | SS A | | | | |
| ADDRESS WOO | DLAND ST. | | | | |
| CITY/TOWN: H | IOLLISTON | STATE: MA | ZIP COI | DE: 01746 | |
| | ETHERBEE, ANIEL | TYPE OF LICENSE: V | eterans club | CATEGORY: | All Alcohol |
| EMAIL ADDRES | SS: | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| | OF LICENSED PRE | | | | |
| | R; INNER HALL, C | LL,STORAGE CLOSE CLOAK ROOM,2 REST | | | |
| I hereby certify an | nd swear under pena | alties of perjury that: | | | |
| 1. the ren | ewed license will be | e of the same type for the | ne same premise | es now licensed; | |
| 2. the lice | ensee has complied | with all laws of the Con | nmonwealth rela | ating to taxes; and | |
| 3. the pre | mises are now oper | n for business (If not exp | plain below) | | |
| | | | | | |
| SIGNED BY | Individual, Par | rtner or Authorized Cor | porate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPH | HONE NUMBER: | | LOYER IDENTIFICA | |
| | | | (Note: <u>N</u> | OT Individual Social | Security Number) |
| Acts of 2004, sig | ned by the buildin | e are in possession (1) t g inspector and the he te of liquor liability ins | ad of the fire d | epartment for the | e above |
| Please Check Below: | | | LOCAL LI | CENSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved ex | apiain) | | | | |
| | | | | | |
| DATE: | | | | | |
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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU. | MBER: 053800008 | | CITY OR TOWN HOLLIS | STON |
|---|--------------------------|-----------------------------|---|----------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR | R 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: HSIRI,INC.N | ΓERPRISES LTD. | | |
| DOING BUSI | NESS A HOLLISTON | N WINE & SPIRITS | | |
| ADDRESS 92 | CENTRAL ST | | | |
| CITY/TOWN: | HOLLISTON | STATE: MA | ZIP CODE: 01756 | |
| MANAGER: | MCCARTHY JR., JOHN F. | TYPE OF LICENSE: Pa | ckage Store CATEGOR | Y: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR F | EMAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PRI | EMISES: | | |
| FRONT AND | REAR DOOR, STOR | AGE, COOLER AND R | ESTROOM | |
| 2. the | licensee has complied | | e same premises now licensed; imonwealth relating to taxes; and lain below) | |
| SIGNED BY | Individual, Pa | rtner or Authorized Corp | oorate Officer | |
| | | | | |
| DATE: | TELEPI | HONE NUMBER: | EMPLOYER IDENTIFIC (Note: NOT Individual Soc | |
| Please Check Belo APPROVED: DISAPPROVI (If disapproved | ED: | | LOCAL LICENSING AUT | ГНОRITY |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 053800009 | | CITY OR TOW | N HOLLIST | ON |
|--|-------------------|---|-------------------|--|-------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICE | ENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | | KAGE STORE, INC. CKAGE STORE | | | |
| ADDRESS 110 CHU | IRCH ST | | | | |
| CITY/TOWN: HOL | LISTON | STATE: MA | ZIP CODE: | 01746 | |
| MANAGER: POR DEA | | TYPE OF LICENSE: Pa | ackage Store | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| : | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | | |
| DESCRIPTION OF I | LICENSED PR | EMISES: | | | |
| ONE STORY WOOI STORAGE | DEN BLDG; F | RONT ROOM FOR SAL | ES; REAR ROOM | I AND CELLA | R FOR |
| | ses are now ope | d with all laws of the Comen for business (If not expanded) | lain below) | g to taxes, and | |
| | | | | | |
| DATE: | TELEP | HONE NUMBER: | | YER IDENTIFICATION INDIVIDUAL SOCIAL S | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in) | | LOCAL LICE By: | NSING AUTH | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 053800010 | | CITY OR TOWN HOL | LISTON |
|---|-------------------------|---|---|---|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED F | OR 2013 |
| | | CLASS | | YEAR |
| | AME: C.J. CORRA | | | |
| ADDRESS 12 | CONCORD ST | | | |
| CITY/TOWN: | HOLLISTON | STATE: MA | ZIP CODE: 0174 | .6 |
| MANAGER: | CORRADO, CLIFFORD J. | TYPE OF LICENSE: Pa | ackage Store CATEGO | DRY: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| | N OF LICENSED PF | | | |
| | | STORE ON FIRST FLOO nalties of perjury that: | OR. APARTMENT ON SEC | OND FLOOR |
| 2. the | licensee has complied | * * | e same premises now license amonwealth relating to taxes plain below) | |
| SIGNED BY | Individual, P | artner or Authorized Corp | oorate Officer | |
| DATE: | TELEF | PHONE NUMBER: | EMPLOYER IDENT (Note: <u>NOT</u> Individual S | IFICATION NUMBER: Social Security Number) |
| Please Check Belo APPROVED: DISAPPROVI (If disapproved | ED: | | LOCAL LICENSING A By: | UTHORITY |
| DATE: | | | | |



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| LICENSE NUMBER: 053800014 | • | CITY OR TOWN HOLLISTON |
|---|--|--|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | CLASS | YEAR |
| LICENSEE NAME: MJM MCCARTH | Y CORPORATION | |
| DOING BUSINESS A CASEY'S CROSS | SING | |
| ADDRESS 81 RAILROAD ST | | |
| CITY/TOWN: HOLLISTON | STATE: MA | ZIP CODE: 01746 |
| MANAGER: MCCARTHY, TYI JOHN L. | PE OF LICENSE: Rest | aurant CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EMA | AIL ADDRESS |
| DESCRIPTION OF LICENSED PREMIS | | |
| ONE MAIN FLOOR, MEZZANINE AND AND SIDE EXITS | O CELLAR WITH ST | ORAGE IN CELLAR; FRONT, REAR |
| DATE | the same type for the same type for the same type for the same laws of the Commo business (If not explain or Authorized Corpor | onwealth relating to taxes; and in below) rate Officer |
| TELEPHON | E NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| Acts of 2004, signed by the building in | spector and the head | certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUTHORITY By: |
| DATE: | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 053800016 | | CITY OR TOWN | HOLLISTO | ON |
|---------------------------------|-------------------------|-------------------------|-----------------------------------|------------|------------------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | NAAR, INC | | | | |
| DOING BUSINESS A | RT 16 CONVEN | IENCE BEER & W | INE | | |
| ADDRESS 1566 WA | SHINGTON STRE | ET | | | |
| CITY/TOWN: HOL | LISTON | STATE: MA | ZIP CODE: | 01746 | |
| MANAGER: PATE | L, NAVIN D. TYP | PE OF LICENSE: Pa | ackage Store CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | _ | | | |
| P | LEASE ALSO VISIT OUR WI | EBSITE AND ENTER YOUR I | EMAIL ADDRESS | | _ |
| DESCRIPTION OF L | ICENSED PREMIS | SES: | | | |
| A CONVENIENCE S 1255 SQ. FT. | TORE WITH A ST | ORE FRONT ENT | RANCE AND REAR | EXIT, APP | ROX. |
| | es are now open for | business (If not exp | | | |
| | marviadar, rartier | of Humorized Corp | orate officer | | |
| | | | | | |
| DATE: | TELEPHON | E NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | CION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: | | | LOCAL LICENS | ING AUTHO | ORITY |
| DISAPPROVED: | | | By: | | |
| (If disapproved explai | n) | | | | |
| DATE: | | | | | |
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| LICENSE NUM | BER: 053800019 | | CITY OR TOWN | HOLLISTO | ON |
|--------------------|--------------------------|--------------------------|------------------------|----------------------|--------------------------|
| APPLICATION | FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAI | ME: The Wine House | Inc | | | |
| DOING BUSIN | ESS A The Wine House | se | | | |
| ADDRESS 76 C | Central St | | | | |
| CITY/TOWN: | HOLLISTON | STATE: MA | ZIP CODE: | 01746 | |
| MANAGER: | Wagner, Rochelle T | YPE OF LICENSE:Pa | ackage Store Ca | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRE | ESS: | _ | | | |
| | PLEASE ALSO VISIT OUR | R WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | - |
| DESCRIPTION | OF LICENSED PREM | IISES: | | | |
| approx 567 sq ft | of retail space used for | r selling wm, cheese, g | gourmet foods and sor | ne gift items. | |
| I hereby certify a | and swear under penalt | ies of perjury that: | | | |
| 1. the re | enewed license will be | of the same type for th | e same premises now | licensed; | |
| 2. the lie | censee has complied w | ith all laws of the Com | nmonwealth relating to | o taxes; and | |
| | remises are now open f | | = | , | |
| | Ι. | T | | | |
| CICNED DV | | | | | |
| SIGNED BY | Individual, Partr | ner or Authorized Corp | orate Officer | | |
| | , | | | | |
| | | | | | |
| DATE: | TELEDIA | NIE NILIMDED. | EMPLOYER | R IDENTIFICAT | ION NUMBER: |
| | TELEPHO | ONE NUMBER: | (Note: NOT Ind | | |
| | | | | | |
| | | | | | |
| Please Check Below | <u>r:</u> | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVEI | | | | | |
| (If disapproved of | explain) | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |
| APPLICATION FOR R | ENEWAL MUST BE FILED B | Y LICENSEES DURING THE | MONTH OF NOVEMBER (M | i.G.L. Ch. 138 \$ 16 | 5A) |



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| | CITY OR TOWN HOLLISTO | JN |
|-----------------------|--|--|
| Annual | LICENSED FOR 2 | 013 |
| CLASS | | YEAR |
| SUBS INC. | | |
| D SUBS | | |
| | | |
| STATE: MA | ZIP CODE: 01746 | |
| OF LICENSE: Rest | aurant CATEGORY: | Wine and Malt Regular |
| | | |
| TE AND ENTER YOUR EM | AIL ADDRESS | |
| : | | |
| | | |
| perjury that: | | |
| same type for the s | same premises now licensed; | |
| laws of the Comm | onwealth relating to taxes; and | |
| iness (If not explain | in below) | |
| Authorized Corpoi | rate Officer | |
| IUMBER: | EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S | |
| tor and the head | of the fire department for the | above |
| | LOCAL LICENSING AUTH | ORITY |
| | By: | |
| | | |
| | | |
| | - | |
| | <u>-</u> | |
| SEES DURING THE MO | ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1 | 6A) |
| | Annual CLASS O SUBS INC. ID SUBS STATE: MA OF LICENSE: Rest E AND ENTER YOUR EM : perjury that: same type for the s laws of the Comm iness (If not explain Authorized Corporation IUMBER: possession (1) the etor and the head uor liability insur | Annual LICENSED FOR 2 CLASS D SUBS INC. D SUBS STATE: MA ZIP CODE: 01746 OF LICENSE: Restaurant CATEGORY: TE AND ENTER YOUR EMAIL ADDRESS : perjury that: same type for the same premises now licensed; laws of the Commonwealth relating to taxes; and iness (If not explain below) Authorized Corporate Officer [UMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Substitute of the properties of the department for the properties of the fire department for the properties of the properti |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 053800021 | | CITY OR TOWN | IOLLISTON |
|-------------------------|------------------------|-------------------------|---|--|
| APPLICATION FOR | RENEWAL: | Annual | LICENSE | D FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: | CREPE CABANA | LLC | | |
| DOING BUSINESS A | PEJAMAJO CAF | É | | |
| ADDRESS 770 WASI | HINGTON ST | | | |
| CITY/TOWN: HOLI | LISTON | STATE: MA | ZIP CODE: | 01746 |
| MANAGER: SAVA | S, PETER TYI | PE OF LICENSE: Re | estaurant CAT | EGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| PI | LEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR E | MAIL ADDRESS | |
| DESCRIPTION OF L | ICENSED PREMIS | SES: | | |
| 1800 SF RESTAURA | | | EXITS | |
| I hereby certify and sw | | | | |
| | | • • | e same premises now lic | |
| | | | monwealth relating to ta | axes; and |
| 3. the premise | es are now open for | business (If not expl | ain below) | |
| SIGNED BY | | | | |
| | Individual, Partner | or Authorized Corp | orate Officer | |
| | | | | |
| D. 1.000 | | | | |
| DATE: | TELEPHON | E NUMBER: | | DENTIFICATION NUMBER: dual Social Security Number) |
| | | | (Note: NOT marvio | iuai Sociai Security Ivuilioei) |
| | | | | by Chapter 304 of the |
| | | | d of the fire departme irance required by Ch | |
| of 2010. | i) the certificate of | nquoi naomity mst | rance required by en | apter 110 of the fiets |
| Please Check Below: | | | LOCAL LICENSIN | G AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | | | | |
| (If disapproved explain | n) | | | |
| | | | - | |
| DATE: | | | | |
| D111D. | | | | |



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| LICENSE NUMBER | :053800022 | | CITY OR TO | WN HOLLIST | ON |
|------------------------------------|---|--|-----------------|---------------------------------|------------------|
| APPLICATION FOR | RENEWAL: | Annual | L | ICENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | JOANNA ROS | SI | | | |
| DOING BUSINESS | A THE FAIRVI | EW AT PINECREST | | | |
| ADDRESS 212 PRE | NTICE STREET | • | | | |
| CITY/TOWN: HOL | LISTON | STATE: MA | ZIP COD | DE: 01746 | |
| MANAGER: ROSS | SI, JOANNA | ГҮРЕ OF LICENSE: Re | estaurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| 1 | PLEASE ALSO VISIT OU | JR WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | | |
| DESCRIPTION OF I | LICENSED PRE | MISES: | | | |
| THE MAIN ENTRA MY LICENSE TO IN | NCE/EXIT, KIT ICLUDE THE C LF COURSE TH | DINING AREA, 650 D CHEN EXIT, DINING GOLF COURSE THE A E AREA CONTAININ LAN. | ROOM EXITS | (10 TOTAL)TO I NING HOLES TO | EXTEND) |
| I hereby certify and s | wear under penal | Ities of perjury that: | | | |
| 1. the renewe | ed license will be | e of the same type for the | e same premise | s now licensed; | |
| 2. the license | e has complied v | with all laws of the Com | monwealth rela | ting to taxes; and | |
| 3. the premis | ses are now open | for business (If not exp | lain below) | | |
| SIGNED BY | Individual, Par | tner or Authorized Corp | oorate Officer | | |
| | | | | | |
| DATE: | TELEPH | ONE NUMBER: | | LOYER IDENTIFICA | |
| | | | (Note: No | OT Individual Social S | Security Number) |
| Acts of 2004, signed | by the building | are in possession (1) the ginspector and the heater of liquor liability instance. | d of the fire d | epartment for the | e above |
| Please Check Below: | | | LOCAL LI | CENSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | in) | | | | |
| | | | - | | |
| DATE | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | K: 053800023 | | CITY OR TO | JWN HULLIST | ON |
|---|------------------|--|-----------------|--|-----------------------|
| APPLICATION FO | R RENEWAL | : Annual | L | ICENSED FOR 2 | 2013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : ELMANAH | RY CORPORATION | | | |
| DOING BUSINESS | S A CENTRAI | CAFÉ & CONVENIENC | CE | | |
| ADDRESS 92-94 C | ENTRAL STR | REET | | | |
| CITY/TOWN: HO | LLISTON | STATE: MA | ZIP COD | DE: 01746 | |
| MANAGER: AZI | R, RAMSIS | TYPE OF LICENSE:P | ackage Store | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | | | | | |
| | PLEASE ALSO VISI | T OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF | | | | | |
| 2841 SQ FT UNIT | | ORY BUILDING/MINI M IN THE REAR | ALL WITH A | SINGLE ENTRA | NCE IN |
| 2. the licen 3. the prem | see has complie | l be of the same type for the ed with all laws of the Concentration being for business (If not exp | nmonwealth rela | | |
| SIGNED BY | Individual, | Partner or Authorized Corp | oorate Officer | | |
| DATE: | TELE | PHONE NUMBER: | | LOYER IDENTIFICA OT Individual Social | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl | lain) | | LOCAL LI By: | CENSING AUTH | IORITY |
| DATE: | | | | | |